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**TEXAS DEPARTMENT OF HEALTH
REQUEST FOR PROPOSALS**

I. STATEMENT OF NEED AND EXPECTATIONS: AN ASSESSMENT OF BIOTERRORISM PREPAREDNESS IN TEXAS HOSPITALS

A. Introduction

TDH desires to contract with an entity to design, conduct, analyze and report on a two-stage assessment of Texas hospitals' bioterrorism preparedness. Based on results of the assessments, TDH leadership and the Hospital Preparedness Planning Committee will develop an implementation plan to improve the readiness of Texas hospitals.

This Request for Proposal (RFP) contains the requirements that all applicants shall meet to be considered for funding.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE APPLICATION.

Failure to conform to these requirements will result in disqualification of the applicant without further consideration. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

B. Nature of the Problem

The threat of the intentional release of a pathogenic microbe or a toxin has recently moved from the theoretical to the real with the distribution of spores of Bacillus anthracis in the United States mail. Unlike the use of conventional weapons or chemical agents, the covert release of a biological agent will not result in an "event" with emergency calls to police and fire departments. The most likely result will be a large, and sudden increase in the number of emergency medical services (EMS) medical calls, visits to regional emergency rooms, and hospital admissions due to illness. Because Texas hospitals will be the focal point for these illnesses, it is critical that they become prepared and ready to diagnose, report and treat the large number of ill persons expected in a biological agent attack.

In response to bioterrorism, Congress has authorized funding to support activities related to countering potential biological threats to civilian populations. As part of this initiative, the Health Resources and Services Administration (HRSA) made funding available to states, territories and selected municipal offices of public health. TDH has received an award on behalf of the State of Texas to develop and implement regional plans to improve the capacity of hospitals, their emergency departments, outpatient centers, EMS systems, and other collaborating health care entities for responding to

incidents requiring mass immunization, treatment, isolation and quarantine in the aftermath of bioterrorism or other outbreaks of infectious disease.

There are approximately 550 licensed hospitals in Texas, including acute care, military, Veteran's Affairs, and psychiatric hospitals. These facilities range from rural community hospitals with a few dozen beds to major tertiary care centers with more than 1,000 beds. This wide diversity and large number of hospitals suggests that there is also a wide range in levels of preparedness for bioterrorism in Texas hospitals.

Texas urgently needs a coordinated and integrated approach towards improving hospital preparedness. Recent federal funding awards will provide an excellent start for the assessment of hospitals, identification and prioritization of needs, and the provision of resources to fulfill minimal and moderate planning and preparedness gaps.

C. Program Legal Authority

The Bioterrorism Hospital Preparedness Program is authorized by the Public Health and Social Services Emergency Fund (Section 319 of the Public Health Services Act, 42 USC 247d) and Public Law 107-117 (2002) "Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Acts on the United States, Act 2002."

D. Eligible Applicants

Eligible applicants include: nonprofit, for profit, private and public organizations; city, county and state government; institutions of higher learning; other political subdivisions; and individuals. If an applicant is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, applicant is ineligible to apply for funds under this RFP.

E. Project and Budget Period

Approximately \$440,000 is expected to be available to fund one contractor. The specific dollar amount awarded depends upon the merit and scope of the proposed project.

It is expected that the contract will begin on or about May 6, 2002, and will expire on or about August 30, 2002.

F. Use of Funds

Funds are awarded for a specifically defined purpose and shall not be used for any other project. Authorized categories of expense include: personnel, fringe benefits, travel, supplies, equipment, contractual, other direct costs, and indirect costs. Equipment expenditures must have prior written approval of TDH. All costs are subject to negotiation with TDH. Any costs incurred in the preparation of the proposal shall be

borne by the applicant and are not allowable in this RFP. The performance of these activities may not be subcontracted to another entity without prior approval of TDH.

G. Schedule of Events

1.	Post to the Electronic State Business Daily	04/12/02
2.	Issuance of RFP	04/12/02
3.	Deadline for Submission of Written Questions	04/18/02
4.	Posting of Questions & Answers to TDH Web Page	04/22/02
5.	Deadline for Submission of Applications	04/26/02
6.	Written Notification to Selected Applicant	05/03/02
7.	Written Notification to All Applicants	05/03/02
8.	Expected Contract Begin Date	05/06/02

H. Project Requirements

Goal 1: Provide TDH with a database and summary report on the comprehensive assessment of hospitals for bioterrorism preparedness by June 17, 2002.

This will be accomplished through a comprehensive assessment that will sample approximately 20% of the 550+ hospitals in Texas. Results of this assessment will provide baseline metrics and point out detailed issues within three areas that will help Texas focus efforts to improve those areas.

The sampling frame will consider the size of the hospital, regional location, type of hospital, and other factors that will facilitate extrapolation to the entire state. TDH will provide contacts for the hospitals to be assessed. Identified facilities include approximately 20% of the trauma designated facilities at each level of designation, the lead trauma facility in each of the 22 trauma service areas, and hospitals that are not designated. Also included in the initial assessment will be six military facilities and seven Veteran's Administration hospitals.

Applicants will be expected to develop an initial survey instrument that includes critical items from existing data sources such as the American Hospital Association's Bioterrorism Preparedness survey, tools from the Public Health Service Office of Emergency Preparedness, and the current and proposed requirements of the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Goal 2: Provide TDH with a new or modified database and summary report on the general assessment of all medical facilities not included in the comprehensive assessment regarding bioterrorism preparedness by June 24, 2002.

This goal will be accomplished through a general assessment of the remaining facilities in the state (including the psychiatric, rehabilitation, and children's hospitals). This assessment tool will consist of a general survey accompanied by a

comprehensive checklist, which will be derived from the comprehensive assessment tool developed for Goal 1. The general survey will collect the desired data and the checklist will provide facilities with guidance in meeting the components essential in managing the receipt of patients from a biological or epidemic event. The resulting statistical and summary report will serve as a rational basis for gap analysis that can focus future initiatives and expenditures.

This is an aggressive time frame that is necessary to meet the expectations of the federally funded Bioterrorism Hospital Preparedness Program grant. The successful applicant shall engage and incorporate input from TDH staff, the Hospital Preparedness Planning Committee, and other subject matter experts.

Assessment tools, databases and summary reports shall be developed using Microsoft software (Word, Excel or Access).

The TDH Hospital Preparedness Coordinator will manage the project and shall approve the selected contractor's tools and methodologies in advance. In addition, TDH and the Hospital Preparedness Planning Committee will contribute subject matter experts for technical advice, collaboration and oversight. Due to the short time frame for accomplishing the goals, it is anticipated that key staff will communicate face-to-face, via phone and conference calls, and by electronic mail.

I. Applicant Requirements

Specific information and instructions are located in **SECTION VI BLANK FORMS AND INSTRUCTIONS**; however, each applicant is expected to address the following in its RFP response.

- definition of the term "bioterrorism preparedness" as it relates to hospitals;
- applicant's experience conducting assessments and analyzing results;
- applicant's experience participating in community bioterrorism planning efforts;
- relevant experience of key staff assigned to the project;
- experience designing assessment and evaluation tools;
- experience compiling data in a database and performing statistical analysis;
- methods to communicate with the TDH Bioterrorism Hospital Preparedness Coordinator for input and approval on work products, methodologies, milestones, etc;
- how existing tools, data and resources will be identified and used to the maximum extent possible;
- methodologies that will be used to obtain the required level of assessment responses including follow-up;
- methodologies for data analysis; and
- development of concise milestone and final summary reports.

Responses to this RFP shall include a work plan that describes activities and significant milestones identified to meet the two goals stated in Section I. G. of this RFP. The work plan shall include time frames for accomplishing the significant

milestones. A budget plan that directly relates to the cost of completing the significant milestones is also required. The amount and timing of contract payments shall be based on satisfactory completion of the milestones and deliverable work products.

The selected applicant shall be required to conduct project activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website: <http://www.tdh.state.tx.us/oeo/nodiscrpf.htm>.

J. Payments and Reporting

An invoice and a narrative report shall be submitted to the TDH Office of Epidemiologist, Attention Bioterrorism Hospital Preparedness Coordinator, no later than 15 days after completion of a significant milestone and/or deliverable work product. The narrative report shall include status of the project, issues and/or problems which may have impeded milestone implementation, and the strategies used to address them. An itemized statement of expenditures shall accompany the invoice.

A final report shall be submitted no later than the last day of the contract. The report must include a narrative report summarizing in priority order the results of the two assessments; trends/issues; and critical gaps in preparedness.

K. TDH Activities

TDH will:

- designate the Bioterrorism Hospital Preparedness Coordinator as the contract manager;
- provide contact information on stakeholders;
- provide hospital contact information (in Excel Spreadsheet) for comprehensive and general assessments;
- share information on existing assessment tools, data, and resources; and
- provide timely approval of work products, reports and requests for payment.

II. PROGRAM CONTACT, APPLICATION DEADLINE AND SUBMISSION

A. Program Contact

For purposes of addressing questions concerning this RFP, the sole TDH contact is Mr. Ron Hilliard, Coordinator, Bioterrorism Hospital Preparedness Program. All communications concerning this RFP shall be addressed in writing to:

Mr. Ron Hilliard, RN, LP
Coordinator, Bioterrorism Hospital Preparedness Program
Office of State Epidemiologist

Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
E-mail: ron.hilliard@tdh.state.tx.us

Upon issuance of this RFP, other employees and representatives of TDH will not answer questions or otherwise discuss the contents of the RFP with any potential applicants or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

TDH, Office of State Epidemiologist, is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this RFP and any contract awarded as a result of this RFP.

Written inquiries concerning this RFP shall be received no later than **3:00PM, CST, on Thursday, April 18, 2002**. Questions and answers will be posted on the TDH Bioterrorism website at: <http://www.tdh.state.tx.us/bioterrorism/default.htm> or may be requested by contacting the TDH Bioterrorism Hospital Preparedness Coordinator by one of the methods above.

B. Application Deadline

The application shall be received on or before: **5:00 PM, CST, Friday, April 26, 2002**. Applications received after the application deadline will not be considered.

C. Submission

The original application and 3 copies shall be submitted to:

Office of State Epidemiologist
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

The physical address for overnight and personal deliveries is:

Mr. Ron Hilliard, RN, LP
Coordinator, Bioterrorism Hospital Preparedness Program
Office of State Epidemiologist
Texas Department of Health
1100 West 49th Street, Rm. 646
Austin, Texas 78756-3199

TDH will not accept applications by facsimile or e-mail.

Applications may be mailed or hand-delivered to the TDH program address prior to the application deadline.

If an application is hand-delivered to the TDH program address above, the applicant should request a receipt at the time of delivery to verify that the application was received by the appropriate program on or before the application due date and time.

If an application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time.

III. APPLICATION REVIEW, SELECTION & NEGOTIATION

Applications will be reviewed according to the criteria below. To maximize fairness for all applications during review, TDH staff may only confirm receipt of an application and are not permitted to discuss the application or its review during the review process. All applications remain with TDH and are not returned to the applicant.

A. Preliminary Screening Criteria

Applications are initially screened for eligibility and completeness. Please use the checklist provided to ensure that all required forms are submitted. The preliminary screening requirements include:

1. Application received on or before the application due date and time.
2. The original application shall bear an original signature of the authorized official of the applicant organization on the Face Page.
3. The required forms provided in Section VI. BLANK FORMS AND INSTRUCTIONS are included.

APPLICATIONS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR REVIEW, AND THE APPLICANT WILL BE NOTIFIED IN WRITING.

B. Program Review Process and Tools

Prior to the receipt of applications, the Office of State Epidemiologist will establish a review process and evaluation tools. At a minimum, a panel of three TDH employees and two individuals who are not TDH employees will be selected. The panel members will review the responses to this RFP that met the above Preliminary Screening Criteria and make funding recommendations. Every effort will be made to insure that no conflict of interest is present in the review process.

The panel will use a standardized review tool based on the criteria and percentage

weights stated below. Value will be applied based on the quality of the content as judged by the reviewers.

Criteria	Percentage
Definition of “bioterrorism preparedness”	10
Organizational capacity & experience	20
Methods	20
Work plan, milestones, timelines	20
Budget	15
Financial stability & history	15
Total	100

C. Selection and Negotiation

Once award decisions are made, the Bioterrorism Hospital Preparedness Coordinator is responsible for negotiating contracts to obtain the needed services within the framework of the goals of this RFP and available funds. As funds are never unlimited, it is expected that the applicant selected for a contract award may be asked to revise the budget as well as the work plan. This process is commonly referred to as contract negotiation. The selected applicant shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the Bioterrorism Hospital Preparedness Coordinator initiates the development of a contract.

The applicant whose proposal is selected for a contract shall receive written notification. This notice is an announcement of selection, and the receipt of the notice is not legally binding until there is a fully executed contract.

Each applicant not selected for a contract is entitled to a timely written notification that its proposal will not be funded.

IV. TDH ADMINISTRATIVE INFORMATION

A. Incurring Costs and Rejection of Applications

Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable costs. TDH reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant in the development, submission, or review of the application.

B. Right to Amend or Withdraw RFP

TDH reserves the right to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of TDH and the State of Texas. The decision of TDH is administratively final.

C. Financial and Administrative Requirements

All contractors shall follow applicable cost principles, audit requirements, and administrative requirements as described in the Section VI Blank Forms and Instructions, Form H.

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available from the Grants Management Division at (512)458-7520 or online at www.tdh.state.tx.us/grants/forms_and_documents.htm.

All current contractors and/or selected applicants administering two or more TDH contract attachments are required to maintain integrity between the transactions affecting each contract attachment by: (1) maintaining a completely separate set of records for each contract attachment; or (2) establishing within the chart of accounts and general ledger a separate set of accounts for each contract attachment.

D. Authority to Bind TDH

For the purpose of this RFP, the Commissioner of Health and the Bureau of Financial Services (or a designee), are the only individuals who may legally commit TDH to the expenditure of public funds. No costs chargeable to the proposed contract will be reimbursed before TDH receives a fully executed contract.

E. Contracting with Subrecipients and Vendors

The selected applicant may not enter into grant contracts with subrecipients; however, the applicant may enter into procurement contracts with vendors. Applicant is responsible to TDH for the performance of any subrecipient or vendor.

If the applicant enters into contracts with subrecipients or procurement contracts with vendors, the documents shall be in writing and shall comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts. Copies of the provisions are available online at http://www.tdh.state.tx.us/grants/forms_and_documents.htm or by calling Grants Management Division at 512-458-7470.

If an applicant plans to enter into a contract in which a subrecipient or vendor will receive a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract.

F. Historically Underutilized Business (HUB) Guidelines

In accordance with Texas Government Code, Sections 2161.181-2161.182, Health and Human Service (HHS) agencies shall make a good faith effort to assist HUBs in receiving awards issued by the state. The goal of this program is to promote full and equal business opportunity for all businesses in contracting with the state. It is the intent of TDH that all TDH contractors make a good faith effort to subcontract with HUBs during the performance of their contract and to report their HUB subcontract activity to TDH on a quarterly basis. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

Blank HUB forms are included in the RFP. Please read the forms carefully. Complete HUB forms should be returned with the application. All questions concerning HUBs and TDH's HUB program should be directed to the TDH HUB Coordinator at 1-800-243-7487.

The HUB rules (1 Texas Administrative Code 111.11-111.24) may be obtained by contacting the TDH HUB Coordinator or by accessing the Texas Administrative Code on the Internet at <http://www.sos.state.tx.us/tac/>.

G. Contract Information

The final funding amount and the terms of the contract shall be determined through negotiations between the Office of Epidemiologist and the applicant. TDH reserves the right to adjust the funding allocation during the term of the contract, pursuant to the terms of the contract. Any exceptions to any of the requirements in the RFP shall be specifically noted and satisfactorily explained by the applicant in the application as a condition for allowing those exceptions in the contract.

<h2>V. INSTRUCTIONS FOR PREPARATION AND CONTENT</h2>

A. Instructions for Preparation

The application should be developed and submitted in accordance with the instructions outlined in this section. The application shall:

- be single-spaced;
- be 12-point font on 8 1/2" x 11" paper with 1" margins;
- have consecutively numbered pages (including forms and attachments); and
- address the evaluation criteria and adhere to the page limitations and instructions provided.

The blank forms provided in SECTION VI. BLANK FORMS AND INSTRUCTIONS shall be used. Instructions, page limitations and weighted evaluation criteria are found on applicable forms. Forms may be electronically reproduced; however, all forms shall be identical to the original form(s) provided.

Failure to arrange the application as requested may result in disqualification of the application.

B. Confidential Information

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, TDH will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception and if a request is made by any other entity for the information marked as confidential, the information may be excepted from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code.

C. Table of Contents

The application should include a table of contents and be organized and arranged in the following order:

Form A: Face Page - Application for Financial Assistance

Form B: Application Checklist

Form C: Program Contact Information

Form D: Definition of “Bioterrorism Preparedness”

Limit: 1 page

Weighted evaluation criteria valued at 10% of the total score.

Form E: Organizational Capacity & Experience

Limit: 8 pages plus attachments

Weighted evaluation criteria valued at 20% of the total score.

Form F: Methods

Limit: 7 pages

Weighted evaluation criteria valued at 20% of the total score.

Form G: Work Plan, Milestones, Timelines

Limit: 6 pages

Weighted evaluation criteria valued at 20% of the total score.

Form H: Budget

Limit: 4 pages plus indirect cost documentation if applicable

Weighted evaluation criteria valued at 15% of the total score.

Financial Stability & History

The following forms are considered in this weighted evaluation criteria. Together they are valued at 15% of the total score.

Form I: Administrative Information

Form J: Funding Information Form

Form K-1: TDH Client Services Hub Subcontracting Plan (C-ASD)

Form K-2: TDH Client Services Hub Subcontracting Plan (C-SSD)

Form L: Nonprofit Board of Directors & Executive Director Assurances (if applicable)

VI. BLANK FORMS AND INSTRUCTIONS



Texas Department of Health
FORM A: FACE PAGE – Application for Financial Assistance

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety.

APPLICANT INFORMATION																
1) LEGAL NAME:																
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/>																
3) PAYEE Mailing Address (if different from above): Check if address change <input type="checkbox"/>																
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):																
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual														
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning														
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital														
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Private														
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____														
6) PROPOSED CONTRACT PERIOD: Start Date: _____ End Date: _____																
7) COUNTIES SERVED BY PROJECT:																
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON Name: _____ Phone: _____ Fax: _____ E-mail: _____															
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i></p>	11) FINANCIAL OFFICER Name: _____ Phone: _____ Fax: _____ E-mail: _____															

The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications**. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the

12) AUTHORIZED REPRESENTATIVE

Name:
Phone:
Fax:
E-mail:

13) SIGNATURE OF AUTHORIZED REPRESENTATIVE

14) DATE

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED CONTRACT PERIOD** - Enter contract period for this application. Contract period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 14) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

FOR M	DESCRIPTION	Included	Not Applicable
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>	
B	Application Checklist completed and included	<input type="checkbox"/>	
C	Program Contact Information completed and included	<input type="checkbox"/>	
D	Definition of "Bioterrorism Preparedness" included	<input type="checkbox"/>	
E	Organizational Capacity & Experience narrative included	<input type="checkbox"/>	
F	Methods narrative included	<input type="checkbox"/>	
G	Work Plan, Milestones, Timelines included	<input type="checkbox"/>	
H	Budget included (with approved indirect cost agreement attached if applicable)	<input type="checkbox"/>	
H-1	Indirect Cost Budget Category Detail completed and included if applicable	<input type="checkbox"/>	<input type="checkbox"/>
	Financial Stability & History (Forms I-L below are completed and included)	<input type="checkbox"/>	
I	Administrative Information completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
J	Funding Information Form included (with letters of good standing if applicable)	<input type="checkbox"/>	
K-1	TDH Client Services HUB Subcontracting Plan (C-ASD) completed and included	<input type="checkbox"/>	
K-2	TDH Client Services HUB Subcontracting Plan (C-SSD) completed and included if applicable	<input type="checkbox"/>	<input type="checkbox"/>
L	Nonprofit Board of Directors & Executive Director Assurances signed and included if applicable	<input type="checkbox"/>	<input type="checkbox"/>

FORM C: PROGRAM CONTACT INFORMATION

Legal Name of Applicant: _____

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify the Office of State Epidemiologist.

[program name] _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____ _____ _____ _____
[program name] _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____ _____ _____ _____
[program name] _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____ _____ _____ _____
[program name] _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____ _____ _____ _____
[program name] _____ Title: _____ Phone _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, & _____ _____ _____ _____

FORM D: DEFINITION OF “BIOTERRORISM PREPAREDNESS”

Applicant shall provide a narrative definition of the term “bioterrorism preparedness” as it relates to hospitals’ preparedness for a bioterrorism event. This weighted evaluation criteria is valued at 10% of the total score. Response is limited to this page.

FORM E: ORGANIZATIONAL CAPACITY & EXPERIENCE

This section must demonstrate that the applicant has the experience, expertise, and resources to perform the project described in the RFP. This weighted evaluation criteria is valued at 20% of the total score. Response is limited to 8 pages plus attachments (not to exceed a one-page resume, curriculum vitae or job description for key staff). The following topics are to be addressed.

Describe the overall purpose or mission of the applicant. Include a brief description of the organizational structure including board of directors/governing body.

Describe the applicant's recent assessment activities that have been successfully completed.

Identify the project leader and key staff to be assigned to this project. Briefly describe their experience designing assessment and evaluation tools; conducting assessments, using databases to compile data; analyzing data, writing statistical and narrative summary reports, participating in community bioterrorism planning; and collaborating with other entities. A one-page resume, curriculum vitae, or job description may be attached for each of the key staff committed to this project.

FORM F: METHODS

This section must demonstrate that the applicant has planning, evaluation, technical and collaboration skills and experiences to perform the project described in the RFP. This weighted evaluation criteria is valued at 20% of the total score. Response is limited to 7 pages. The following topics are to be addressed.

Describe methods that will be used to communicate with the TDH Hospital Preparedness Coordinator for input and approval on work products, methodologies, milestones, etc.

Describe methods that will be used to identify and utilize existing tools, data and resources to the maximum extent possible. Specific organizations and tools to be considered are: the American Hospital Association's Bioterrorism Preparedness survey; tools from the Public Health Service Office of Emergency Preparedness; the current and proposed requirements of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) other stakeholders; and data/tools available from the Trauma Regional Advisory Councils.

List organizations, cooperating entities, or key individuals who will work on the project along with a short description of the nature of their effort or contribution.

Describe the process that will be used to develop the assessment and evaluation tools.

What methods will be used to solicit participation and collect data?

Describe methodologies that will be used to solicit participation, collect data, and obtain the required level of assessment responses to include a description of follow-up techniques. Provide a list of appropriate stakeholders to involve in a collaborative role with TDH to assist in the completion of this project.

Describe the methodologies that will be used to analyze the data, arrange it in some order to indicate rank, priority, gap/need, trends, etc.

Describe the Microsoft software that will be used for the assessment and evaluation tools, databases and summary reports (i.e., Word, Excel or Access).

Discuss any barriers you anticipate.

FORM G: WORK PLAN, MILESTONES, TIMELINES

This section must demonstrate that the applicant has the planning and organizational skills and resources to accomplish the two goals stated below. This weighted evaluation criteria is valued at 20% of the total score. Response is limited to 6 pages.

Goal 1: Provide TDH with a database and summary report on the comprehensive assessment of hospitals for bioterrorism preparedness by June 17, 2002.

This will be accomplished through a comprehensive assessment that will sample approximately 20% of the 550+ hospitals in Texas. Results of this assessment will provide baseline metrics and point out detailed issues within three areas that will help Texas focus efforts to improve those areas.

The sampling frame will consider the size of the hospital, regional location, type of hospital, and other factors that will facilitate extrapolation to the entire state. TDH will provide contacts for the hospitals to be assessed. Identified facilities include approximately 20% of the trauma designated facilities at each level of designation, the lead trauma facility in each of the 22 trauma service areas, and hospitals that are not designated. Also included in the initial assessment will be six military facilities and seven Veteran's Administration hospitals.

Applicants will be expected to develop an initial survey instrument that includes critical items from existing data sources such as the American Hospital Association's Bioterrorism Preparedness survey, tools from the Public Health Service Office of Emergency Preparedness, and the current and proposed requirements of the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Goal 2: Provide TDH with a new or modified database and summary report on the general assessment of all medical facilities not included in the comprehensive assessment regarding bioterrorism preparedness by June 24, 2002.

This goal will be accomplished through a general assessment of the remaining facilities in the state (including the psychiatric, rehabilitation, and children's hospitals). This assessment tool will consist of a general survey accompanied by a comprehensive checklist, which will be derived from the comprehensive assessment tool developed for Goal 1. The general survey will collect the desired data and the checklist will provide facilities with guidance in meeting the components essential in managing the receipt of patients from a biological or epidemic event. The resulting statistical and summary report will serve as a rational basis for gap analysis that can focus future initiatives and expenditures.

The following topics are to be addressed in the response to the RFP:

- Outline a work plan that describes the activities, significant milestones and timelines of work to be accomplished. The plan should describe the activities that will be

undertaken, the staff who will perform them, where the activities will take place, and when the tasks will be done.

- Identify deliverable work products (assessment tool, report, etc.).
 - Cite factors which might accelerate or decelerate the work.
 - Address how you will deal with geographic distances (between applicant and hospitals/medical facilities and applicant and TDH).
 - Describe the format(s) of the milestone and summary reports. Include who is responsible for preparing and signing off on these reports.
-

FORM H: BUDGET

This section must demonstrate that the applicant will efficiently and effectively use its resources to accomplish the project described in this RFP. This weighted evaluation criteria is valued at 15% of the total score. Response is limited to 4 pages plus the required forms.

TDH expects to reimburse the prospective contractor based on the delivery of work products and the satisfactory accomplishment of significant milestones. Describe expected deliverable work products and significant milestones for which payment will be requested.

TDH requires the following two deliverable work products by the specified time frames:

1. A database and a summary report on the initial comprehensive assessment by June 17, 2002.
2. A database and a summary report on the second general assessment of all medical facilities not included in the comprehensive assessment by June 24, 2002.

The budget plan must include pricing information and detailed cost estimates for each deliverable work product and each significant milestone for which reimbursement will be requested. The plan must include hourly labor rates explanation of other direct costs. Project pricing may be negotiated during the selection phase, but the required cost information must be included in the proposal.

The following general information is provided as guidance in developing the budget plan. Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available from the Grants Management Division or on the Internet at www.tdh.state.tx.us/grants/forms_and_documents.htm.

Only those costs allowable under Uniform Grant Management Standards (UGMS) and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

Allowable and Unallowable Costs

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or TDH policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

Unallowable costs, i.e., costs that may not be paid with TDH funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of TDH;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and TDH has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

B. Direct Costs

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the TDH contract attachment (if applicant is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

C. Indirect Costs

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The amount of indirect costs that may be charged to any resulting TDH contract attachment is determined by negotiation and will be defined in the contract budget attachment.

Attach a copy of the applicant's approved indirect cost rate agreement, if applicable. If an applicant does not have an approved rate, then funds may be budgeted in accordance with Uniform Grant Management Standards (UGMS) which allows a recovery of up to 10% of the direct salary and wage costs of providing the service (excluding overtime, shift premiums, and fringe benefits), subject to adequate documentation. Applicants choosing this method of indirect cost recovery are prohibited from seeking recovery using a cost allocation plan, rate or other methods for the same period. If applicant chooses to budget indirect costs based on UGMS, then Form H-1: Indirect Cost Budget Category Detail Form should be completed and attached behind the budget pages.

FORM H-1: INDIRECT COST Budget Category Detail Form

Legal Name of Applicant: _____

Complete this form if requesting funds for indirect costs based on Uniform Grants Management Standards. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity.

DESCRIPTION	PURPOSE & JUSTIFICATION
Total Amount Requested for INDIRECT COST:	\$

Financial Stability & History

Financial Stability and History is a weighted evaluation criteria. Complete the blank forms provided in this section. The combined evaluation of these forms is valued at 15% of the total score.

Listing of Blank Forms to be completed:

Form I: Administrative Information

Form J: Funding Information Form

Form K-1: TDH Client Services Hub Subcontracting Plan (C-ASD)

Form K-2: TDH Client Services Hub Subcontracting Plan (C-SSD)

Form K-3: TDH Client Services Hub Subcontracting Plan (C-QSR) (provided for future reporting purposes only)

Form L: Nonprofit Board of Directors & Executive Director Assurances (if applicable)

FORM I: ADMINISTRATIVE INFORMATION

*This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form.** If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

Legal Name of Applicant: _____

Identifying Information

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

2. Is applicant a private, nonprofit organization?

☐ YES ☐ NO

If YES, applicant shall include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS') most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid IRS Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with a program of TDH, indicate TDH program name and date of filing.

Previously Filed with: (TDH Program)

--

On (Date)

--

FORM I: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

1. **Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. **Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

☐ YES ☐ NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

3. **Has applicant had a contract with TDH within the past 24 months?**

☐ YES ☐ NO

If YES, indicate the contract number(s):

Contract Number(s)	

If NO, applicant shall be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If audited documentation is not available, provide explanation and submit a complete copy of the most recent Federal Income Tax Return (i.e. Form 990) as filed with the Internal Revenue Service. TDH will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

4. **Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

FORM J: FUNDING INFORMATION FORM

Legal Name of Applicant: _____

This form requests information on funding from other non-TDH State of Texas agencies. Letter(s) of good standing from other non-TDH state agency funding sources that validate the applicant's programmatic, administrative, and financial capability must be placed after this form. If the applicant is a state agency or an institution of higher education, letters of good standing are not required.

Funding From Other State of Texas Agencies (Do not include TDH funding)					
State of Texas Agency & Program Name	Name of Contact Person at State Agency	Telephone No.	Period Funds Available	Funding Related to Project Activity	Total Amount of Funding
					\$
					\$
					\$
					\$
					\$
TOTAL STATE AGENCY FUNDING					\$

Applicant's fiscal year ending month is: _____

FORM K-1: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-ASD)
OSE/Assessment of Bioterrorism Preparedness in Texas Hospitals
APPLICANT STATUS DETERMINATION

PREAMBLE: TDH and other Health and Human Services agencies are committed to promoting full and equal business opportunities for all businesses in state contracting. To better promote these opportunities, it is imperative that we collect information on prime contractors and their subcontractors to determine if an entity meets the General Services Commission (GSC) Historically Underutilized Business (HUB) certification criteria.

PURPOSE: The purpose of the Applicant Status Determination form (C-ASD) and the Subcontractor Status Determination form (C-SSD) is to collect HUB-related information about a prime contractor and its subcontractors.

PROCEDURE: Please complete this form with information about the prime contractor. Complete Form C-SSD (additional copies may be attached if necessary) with information about subcontractors. Return the signed and completed forms to Texas Department of Health, Attn: HUB Coordinator, 1100 West 49th Street, Austin, TX 78756. After the TDH HUB Coordinator reviews the information, a representative may contact you to share additional information about HUB certification and reporting. Information on the State of Texas HUB program can be found on the GSC website at <http://www.gsc.state.tx.us> or by contacting the TDH HUB Coordinator at 1-800-243-7487.

1. Print Legal Name of Prime Contractor:		
2. Print the 14-digit Vendor Identification Number assigned by the State of Texas Comptroller (or enter the Federal Tax ID # (9-digits):		
3. Is Prime Contractor a GSC certified HUB? (See HUB definition on form C-SSD.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide your GSC Certification No. _____ and continue with Question 8.		
4. Is the Prime Contractor certified as a minority/women-owned business from an agency other than the GSC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the name of the certifying agency. _____		
5. Is the owner or company a for-profit entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate which group best describes the individuals who own at least 51% of the assets and interest and/or classes of stock and equitable securities. These individuals must demonstrate an active participation in the control, operation and management of firm's daily business affairs.		
Group	Male	Female
Asian Pacific American (AS)	<input type="checkbox"/>	<input type="checkbox"/>
Black Americans (BL)	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic Americans (HI)	<input type="checkbox"/>	<input type="checkbox"/>
Native Americans (NA)	<input type="checkbox"/>	<input type="checkbox"/>
American Women (WO)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your primary place of business in Texas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has the Prime Contractor maintained gross receipts or total employment levels four consecutive years in any of the following categories of the U.S. Small Business Administration's size standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Financial and Accounting - \$17,000,000 Medical and Other Services - \$5,000,000 	<ul style="list-style-type: none"> Wholesale Commodities - 100 Full Time Employees Manufactured Commodities - 500 Full Time Employees 	
8. If Prime Contractor will NOT subcontract any portion of the contract/agreement, please check <input type="checkbox"/> this box. Complete Form C-SSD if any contract/agreement activities will be subcontracted.		

To the best of my knowledge, I certify the above information to be true and complete.

Signature of Contractor's Authorized Representative

Date

FORM K-2: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-SSD)

SUBCONTRACTOR STATUS DETERMINATION

Applicant/Prime Contractor's Name: _____

TDH Grant/Contract Identifier: _____

OSE/Assessment of Bioterrorism Preparedness in Texas Hospitals

Prime contractor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

*A Historically Underutilized Business (HUB) is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.

FORM K-3: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-QSR)
QUARTERLY SUCONTRACT REPORT

PRIME CONTRACTOR/GRANTEE INFORMATION:

Report Quarter: _____

Prime Contractor/Grantee Name: _____

Vendor Identification Number: _____ Object Code (agency use): _____

TDH Grant/Contract Identifier: **OSE/Assessment of Bioterrorism Preparedness in Texas Hospitals** Total Contract Amount: _____

Address: _____ Telephone #: _____ Fax#: _____

SUBCONTRACTOR INFORMATION:

Subcontractor Name	Vendor Identification Number	If HUB Qualified But Not Certified, Enter Qualifying Ethnicity/Gender	Description of Services/ Materials Provide	Contact Person & Telephone Number	Amount Paid This Date	Amount Paid To Date
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Total Reported:					\$ 0	\$ 0

Please check here ☐ if NO subcontractors have been utilized during this quarter.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature /Authorized Representative: _____ **Date:** _____

Send This To: Texas Department of Health
HUB Coordinator
1100 West 49th Street
Austin, Texas 78756-3199

Quarter	Months Included	Deadline
<i>First</i>	<i>September, October, November</i>	<i>December 5th</i>
<i>Second</i>	<i>December, January, February</i>	<i>March 5th</i>
<i>Third</i>	<i>March, April, May</i>	<i>June 5th</i>
<i>Fourth</i>	<i>June, July, August</i>	<i>September 5th</i>

FORM L: NONPROFIT BOARD OF DIRECTORS & EXECUTIVE DIRECTOR ASSURANCES

If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division, no later than 45 days after the meeting in which the form was discussed.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.

***Chairman of the Board Signature/Date**

***President or Executive Director Signature/Date**

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

<p style="text-align: center;">APPENDIX A</p> <p style="text-align: center;">TDH ASSURANCES AND CERTIFICATIONS</p>
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Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the awarding program within TDH.

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;
11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;

12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the clients confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.; and
 - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
15. Will comply with the Uniform Grant Management Act (UGCMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
18. Will comply with environmental standards which may be prescribed pursuant to the following:
 - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;"
 - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans;"
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.;
 - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
19. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
20. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
21. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of

clinical laboratories;

22. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Bloodborne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle bloodborne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
23. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs which are incurred in conducting an assistance project;
24. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.

Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

26. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).
 - (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
 - (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in

connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Texas Department of Health.

- (c) The language of this certification shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- 27. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).



Request for Proposals

An Assessment of Bioterrorism Preparedness in Texas Hospitals

Application Due Date: April 26, 2002

**Texas Department of Health
Office of State Epidemiologist
1100 W. 49th Street
Austin, Texas 78756-3199
April 2002**

Mario R. Anzaldúa, M.D.
Chair, Texas Board of Health

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner
